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By: LEON KAUFMAN

PATENT
Attorney Docket No.: 021106-001610US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

LEON KAUFMAN

Application No.: 10/721,976

Filed: November 25, 2003

For: METHOD AND APPARATUS FOR
IMPROVING A VIRTUAL
COLONOSCOPY AND A CT
ANGIOGRAPHY

Examiner: Unassigned

Art Unit: 3737

**INFORMATION DISCLOSURE
STATEMENT UNDER
37 CFR §1.97 and §1.98**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The reference cited on attached form PTO/SB/08B is being called to the attention of the Examiner. Copy of the reference is enclosed.

It is respectfully requested that the cited reference be expressly considered during the prosecution of this application, and the reference be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and reference cited are prior art merely because they are in this statement and no

representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,

Date: 2/3/05

By: Craig P. Wong
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Substitute for form 1449B/PTO				Complete if Known	
				<i>Application Number</i>	10/721,976
				<i>Filing Date</i>	November 25, 2003
				<i>First Named Inventor</i>	Kaufman, Leon
				<i>Art Unit</i>	3737
				<i>Examiner Name</i>	Unassigned
Sheet	3	of		<i>Attorney Docket Number</i>	021106-001610US

NON PATENT LITERATURE DOCUMENTS				
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.		
	AA	BARNES, Eric, "MR colonography group favors dark-lumen technique, air- versus water-based distension," <i>AuntMinnie.com</i> , February 24, 2004		

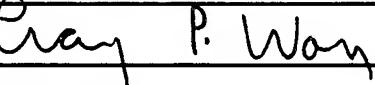
Examiner Signature	Date Considered
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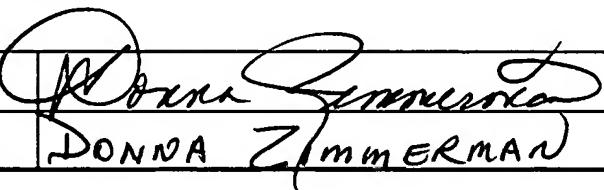
*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

TRANSMITTAL FORM		Application Number	10/721,976
(to be used for all correspondence after initial filing)		Filing Date	November 25, 2003
		First Named Inventor	Kaufman, Leon
		Art Unit	3737
		Examiner Name	Unassigned
Total Number of Pages in This Submission		Attorney Docket Number	021106-001610US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	Form PTO/SB/08B (1 pg.);
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	References (1); and
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	Return Postcard
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<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Craig P. Wong		
Date	2/3/05	Reg. No.	45,231

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Typed or printed name	DONNA ZIMMERMAN		Date 2/3/05